

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly if accomplished through own handwriting. Tick appropriate boxes ☐) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION


1. SURNAME	RIPALDA			
2. FIRST NAME	ALEAN SHANN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GRANITEN			
3. DATE OF BIRTH (dd/mm/yyyy)	18/11/2002	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	TACLOBAN CITY, LEYTE	If holder of dual citizenship, please indicate the details.		
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLOCK 5 LOT 28 N/A House/Block/Lot No. Street VILLA RITA SUBDIVISION BARANGAY 84 SAN JOSE Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province 6500	
7. HEIGHT (m)	1.63	18. PERMANENT ADDRESS	BLOCK 5 LOT 28 N/A House/Block/Lot No. Street VILLA RITA SUBDIVISION BARANGAY 84 SAN JOSE Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province 6500	
8. WEIGHT (kg)	64		ZIP CODE	
9. BLOOD TYPE	O+			
10. UMID ID NO.	N/A			
11. PAG-IBIG ID NO.	121375948898			
12. PHILHEALTH NO.	13-025673264-6	ZIP CODE		
13. PhilSys Number (PSN):	N/A	19. TELEPHONE NO.	N/A	
14. TIN NO.	687-995-173-00000	20. MOBILE NO.	+63 945 498 3115 (GLOBE) +63 962 243 1006 (SMART)	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	raleanshann234@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	RIPALDA			
FIRST NAME	SHALOM	NAME EXTENSION (JR., SR)		
MIDDLE NAME	QUINTO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GRANITEN			
FIRST NAME	ANNA LIZA			
MIDDLE NAME	ADORICO		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	LEYTE NORMAL UNIVERSITY	ELEMENTARY	2008	2015	N/A	2015	N/A
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	2015	2021	N/A	2021	WITH HONORS & HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY MAIN	BACHELOR OF SCIENCE IN BIOLOGY MAJOR IN ZOOLOGY	2021	2025	N/A	2025	DOST JLSS SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)			
SIGNATURE	 (wet signature/e-signature/digital certificate)	DATE	December 2, 2025

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	 (wet signature/e-signature/digital certificate)	DATE	DECEMBER 02, 2025
------------------	--	-------------	-------------------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ONLINE GAMING	WITNESS SPEAKER - YOLANDA DEKADA COMMEMORATION	RED CROSS YOUTH - HILONGOS CHAPTER
CRITICAL THINKING	STANDARD FIRST AID TRAINING COMPLETER	
LOGICAL THINKING	VICE-PRESIDENT OF VISAYAS STATE UNIVERSITY MAIN - COLLEGE RED CROSS YOUTH	
WORKOUT / EXERCISE		

(Continue on separate sheet if necessary)

SIGNATURE	 (wet signature/e-signature/digital certificate)	DATE	DECEMBER 02, 2025
------------------	--	-------------	--------------------------

<div>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<div>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><td>NAME</td><td>OFFICE / RESIDENTIAL ADDRESS</td><td>CONTACT NO. AND/OR EMAIL</td></tr><tr><td>DR. DARIUS NOEL C. MIÑOZA</td><td>VISAYAS STATE UNIVERSITY</td><td>darius.minoza@vsu.edu.ph</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	DR. DARIUS NOEL C. MIÑOZA	VISAYAS STATE UNIVERSITY	darius.minoza@vsu.edu.ph						
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL												
DR. DARIUS NOEL C. MIÑOZA	VISAYAS STATE UNIVERSITY	darius.minoza@vsu.edu.ph												
<div>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct, and complete statement pursuant to the provisions of pertinent laws, rules, and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</div>		<div><div><div>ALAN SHANN G. RIPALDA</div></div><div>PHOTO</div></div>												
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div><div>Government Issued ID: TIN ID</div><div>ID/License/Passport No.: 687-995-173-00000</div><div>Date/Place of Issuance: 23-OCT-2025 / TACLOBAN CITY</div></div></div>	<div><div>(wet signature/e-signature/digital certificate)</div><div><div>Signature (Sign inside the box) DECEMBER 02, 2025</div><div>Date Accomplished</div></div></div>	<div><div></div><div>Right Thumbmark</div></div>												
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div>(wet signature/e-signature/digital certificate except for notary public)</div><div>Person Administering Oath</div></div>														